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Bib Data Sheet

CONFIRMATION NO. 1621

<b>SERIAL NUMBER</b> 10/652,333	<b>FILING OR 371(c) DATE</b> 08/29/2003 <b>RULE</b>	<b>CLASS</b> 375	<b>GROUP ART UNIT</b> 2611	<b>ATTORNEY DOCKET NO.</b> applied_157
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/020,426 12/07/2001 PAT 7,024,599 and is a CIP of 10/077,332 02/15/2002 PAT 6,915,464  
 and is a CIP of 10/262,334 10/01/2002 PAT 7,054,387  
 and is a CIP of 10/317,439 12/12/2002

YES JATH

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

NONE JATH

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

11/20/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: JATH				

**ADDRESS**

29397

**TITLE**

Modified gain non-causal channel equalization using feed-forward and feedback compensation

<b>FILING FEE RECEIVED</b> 822	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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